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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet	1	of	1

Complete if Known			
Application Number	10/007,370		
Filing Date	02.19.02		
First Named Inventor	Howard T. Marano		
Group Art Unit	3623	•	
Examiner Name	B. Van Doren		
Attorney Docket Number	2001P10727 US02		

OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS				
Examiner Cite No.1		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
		Castanzo, Lisa, "Introducing NOVIUS® Scheduling ASP," <u>User Summit 2000</u>		
		Craft, Rich, "Scheduling Solution Update," <u>User Summit 2000</u>		
		NOVIUS® Scheduling Version 1.2-General Availability Shared Medical Systems Corporation, 1999		
		Template Maintenance, <u>Training Guide – Scheduling Maintenance</u>		
		Scheduling Appointments With "Resource Book" Novius Scheduling July 30, 1998		
		Resource Group View, Getting Started July 30, 1998		
		"Student Education Exercises Scheduling Appointments" SMS NOVIUS SCHEDULING July 30, 1998		
		On Track to Success, Training Guide – Scheduling Maintenance January 21, 1999		
		"Building System Maintenance Files," SMS Scheduling January 22, 1999		
		NOVIUS Scheduling Reference Manual, SoftCopy Documentation 1999		
· ·		"SMS And Scheduling.com Form Strategic Alliance to Deliver The First Web-native, Healthcare Scheduling Solution Connecting Patients, Physicians and Health Systems" June 13, 2000		
		Announcing NOVIUS® Scheduling ASP June 15, 2000		
-		""SALESletter for NOVIUS® Scheduling ASP," scheduling.com™ Issue 2.0 – July 17, 2000		

Examiner	Date	
Signature	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance

and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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eduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/007,370 **Application Number** FEE TRANSMITTAI Filing Date February 19, 2002 For FY 2005 First Named Inventor H. Marano **Examiner Name** B. VAn Doren Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. 2001P10727US01 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-2179 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✔ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 500 600 150 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 100 Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360 180 Total Claims **Multiple Dependent Claims** Fee Paid (\$) Extra Claims Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Fee 180.00

SUBMITTED BY			
Signature	Alguerde But	Registration No. (Attorney/Agent) 40,425	Telephone 732-321-3023
Name (Print/Type)	Alexander J. Burke		Date June 3, 2005

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